

Licensing Specialist: _____ Phone: _____	Mailing Address: _____
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MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care
REQUEST FOR CONTINUING REGISTRATION

NAME: _____ **REGISTRATION #:** _____

The expiration date of your current Family Child Care registration is _____.

If you do **not** wish to continue providing child care after that date, please check here , then sign and date on the following line and return this form to the above address. (If you wish to discontinue providing child care, you do not have to complete the rest of this form.)

Signature _____ Date _____

To continue providing child care beyond your expiration date, you must apply to convert your registration to continuing status. To apply:

- (1) Sign and date the following statement indicating your desire to continue providing child care,
- (2) Complete the items listed below on the checklist that apply to you, and
- (3) On the backside of this form, provide the specified information about all current household residents. If your family day care home is part of a condo/homeowners' association, you must also complete the section related to liability insurance coverage.

I wish to convert my current registration to continuing status. I agree to abide by the Family Child Care Regulations, COMAR 13A.15.01-.15. I understand that reporting false information may be grounds for denial or revocation of my registration certificate.

SIGNATURE **DATE**

Before a continuing registration can be issued, the Office of Child Care (OCC) must inspect your home for compliance with applicable requirements under COMAR 13A.15.01-.15. Your OCC Licensing Specialist will contact you to schedule that inspection. At or before the time of the inspection, the Licensing Specialist will need to review all the forms and documents listed below that apply to you. You can give these items to the Licensing Specialist during the inspection. However, your inspection will go more quickly if you complete the items and mail them to your Licensing Specialist at least ten (10) days prior to the scheduled inspection date.

CHECKLIST OF FORMS AND DOCUMENTATION

(Forms available at www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms or call your OCC Regional Office)

Form or Documentation Required	Provider (√ as completed)
OCC 673 – Request for Continuing Registration	
OCC 1204 – Medical Report for Child Care for:	
- Provider/Co-Provider	
- Each Additional Adult (3 or 4 under the age of 2 approved)	
- Each Adult Resident who is (or plans to become) an approved substitute	
- Each New Resident (NOTE: remember to notify your Regional Office immediately of any new resident)	
OCC 1260 – Notarized Release of Information Form for:	
- Provider/Co-Provider	
- Each Additional Adult (3 or 4 under the age of 2 approved)	
- Each Adult Resident, age 18 or over (whether previously reported or new)	
- Each Substitute	
OCC 1229 – Substitute Form (if not approved within the last two years)	
OCC 101A and 101B – Professional Development Plans, evidence of approved continued training	
Current First-Aid Certification	
Current CPR Certification (to cover all ages of children you are registered to care for)	
Current Fire Inspection Results, if available	
Criminal Background Check (for each new adult resident, any resident who turned 18, and new paid substitute or additional adult)	
If applicable:	
- Local code approvals (zoning, pool, etc., as required)	
- Satisfactory well and septic test results (if you have private water and/or sewage)	
- Current rabies vaccinations (for each dog and cat)	

CURRENT HOUSEHOLD RESIDENTS

List all children and adults living in the child care home:

FULL NAME	BIRTHDATE	RELATIONSHIP	RACE	MARITAL STATUS	SOCIAL SECURITY #

HOMEOWNERS' LIABILITY INSURANCE COVERAGE

Complete this section only if your family day care home is located in a condominium or other residence that requires homeowners' association membership (NOTE: the Homeowners' Liability Insurance policy must be applicable to child care):

Name of Insurance Company: _____

Insurance Policy/Binder Number: _____

Effective Date of Coverage: _____ Expiration Date: _____